SE 5

National Institute on Aging

Age Page

NEWARK PUBLIC LIBRARY
APR 14 1986
U.S. GOVT. PUBS.
DEPOSITORY 376

Senility: Myth or Madness?

"Senility"—something which most of us fear in old age—is not a normal sign of growing old; in fact, it is not even a disease.

Rather, "senility," or the medical term "dementia," describes a large number of conditions with an equally large number of causes, many of which respond to prompt treatment.

The symptoms of dementia include serious forgetfulness, confusion, and certain other changes in personality and behavior. While doctors and patients alike used to routinely dismiss these symptoms as incurable effects of old age, they are not necessarily. Nor are small memory lapses in old age a sign of "senility." Slight confusion or occasional forgetfulness throughout life may only signify an overload of facts in the brain's storehouse of information.

Diagnosis

The two most common incurable forms of mental impairment in old age are multi-infarct dementia and Alzheimer disease (pronounced altz'hi-mer). Multi-infarct dementia is caused by a series of minor strokes which result in widespread death of brain tissue. This condition accounts for about 20 percent of the irreversible cases of mental impairment. In Alzheimer disease changes in the nerve cells of the outer layer of the brain result in the death of a large number of cells. Some 50 to 60 percent of all older persons with mental impairment have Alzheimer disease.

Some 100 reversible conditions may mimic these disorders. A minor head injury, a high fever, poor nutrition, or adverse drug reactions, for example, can temporarily upset the normal activity of extremely sensitive brain cells. If left untreated, such medical emergencies can result in permanent damage to the brain, and possibly even death.

In much the same way, emotional problems can be mistakenly confused with irreversible brain disease. Depression, loss of self-esteem, loneliness, anxiety, and boredom can become more common as older persons face retirement, the deaths of relatives and friends, and other such crises—often at the same time.

Persons suspected of having Alzheimer disease or multi-infarct dementia should have thorough physical, neurological, and psychiatric evaluations. This includes a complete medical exam, as well as tests of the patient's mental state, and highly specific tests such as the brain scan. The brain scan is useful in that it can rule out a curable disorder. The brain scan may also show signs of normal age-related changes in the brain, such as shrinkage, which are not necessarily a sign of disease.

The patient plays an important role in the diagnosis by giving information on past medical history, the use of drugs—both prescription and over-the-counter—diet, and general health. Because part of the medical exam depends

(over, please)

HE 20.3861:

upon how much a patient is able to remember about past events, the doctor may also ask a close relative for information.

Treatment

The best treatment comes only after a complete medical examination by one who does not dismiss complaints as "just old age." If there is a diagnosis of a curable disease, the doctor will know how to treat it or will have ready access to the best resources or specialists.

If the diagnosis is one of the irreversible disorders, there is still much that can be done to treat the patient and to help the family cope. Careful use of drugs can lessen agitation, anxiety, and depression, and improve sleeping patterns if this is needed. Proper nutrition is particularly important, although special diets or supplements are usually not necessary. The person should be encouraged to maintain daily routines, physical activities, and social contacts, and should not be discouraged from trying new things. Often, stimulating the individual—by supplying information on the time of day, place of residence, and what is going on in the immediate environment and in world events—encourages the use of skills and information which remain. This in turn may keep brain activity from failing at a more rapid pace. In the same way, providing memory aids helps people help themselves in day-to-day living. Such aids can include a very visible calendar; list of daily activities; written notes about simple safety measures; and directions to, and labeling of, commonly used items.

In any event, a patient with an irreversible disorder should be under the care of a physician. This may be a neurologist, psychiatrist, or family physician, internist, or geriatrician—who is willing to devote the time and interest required to closely watch treatment; to treat the physical and emotional problems that may complicate the course of the disease; and, of course, to answer the many questions that the patient and family may ask.

There are many differences in the type, seriousness, and order of changes in cases of irreversible dementia. Even so, there is enough similarity in the experiences of patients and their families—the loneliness, the frustrations, the lack of information and resources for good medical care—to have led to the development of family groups around the country. The Alzheimer's Disease and Related Disorders Association (7 East Lake Street, Chicago, IL 60601; phone, 800-621-0379 or 800-572-6037 in Illinois), which has more than 100 chapters across the country, encourages research, education, and family services.

Prevention

Diet, drugs, and lifestyle may someday be used to prevent or reverse the damage done to the brain in Alzheimer disease and other related diseases. At the present time, however, our understanding of these problems and their causes is just beginning to unfold.

Developing interests or hobbies and becoming involved in activities which keep the mind and body active are among the best ways that older people can avoid the problems which can mimic irreversible brain disorders. Careful attention to physical fitness, including a balanced diet, may also go a long way towards keeping healthy. There appear to be certain physical and mental changes which occur with age even in healthy persons, but in the long run, much pain and suffering can be avoided if older persons, their families, and their physicians realize that "senility" is not part of aging.

Reprinted February 1986

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Public Health Service National Institutes of Health

☆U.S. Government Printing Office: 1986—491-280/20015